## UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 245872US2SRD

First Inventor or Application Identifier Hiroshi MURAYAMA, et al.

Title HIERARCHICAL DATABASE APPARATUS AND METHOD OF DEVELOPING HIERARCHICAL DATABASE

Ş	APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	ADDRESS TO: Mail Stop Patent Application Alexandria, Virginia 22313				
1.	Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	ACCOMPANYING APPLICATION PARTS				
		7. Assignment Papers (cover sheet & document(s))				
2.	Specification Total Sheets 36	8. Application Data Sheet. See 37 CFR 1.76				
		9. 37 C.F.R. §3.73(b) Statement Power of Attorney				
3.	Drawing(s) (35 U.S.C. 113) Total Sheets 15	10.  ☐ English Translation Document (if applicable)				
		11.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations				
4.	Oath or Declaration Total Pages	12.   Preliminary Amendment				
а	a.   Newly executed (original or copy)	13. White Advance Serial No. Postcard				
b	Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)	14. Certified Copy of Priority Document(s) (1) (if foreign priority is claimed)				
	<ol> <li>DELETION OF INVENTOR(S)         Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).     </li> </ol>	15.   Applicant claims small entity status.  See 37 CFR 1:27				
5. E	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	16. ■ Other: Request for Priority				
6. E	Nucleotide and/or Amino Acid Sequence Submission					
	ー <i>(if applicable, all necessary)</i> a. □ Computer Readable Form (CRF)	·				
_	b. Specification or Sequence Listing on :	·				
_	i.   CD-ROM or CD-R (2 copies); or					
	ii.   □ Paper	·				
. c	c.   Statements verifying identity of above copies	· · · · ·				
17. If	f a CONTINUING APPLICATION, check appropriate box, and supp	ly the requisite information below:				
	☐ Continuation ☐ Divisional ☐ Continuation	-in-part (CIP) of prior application no.:				
Pri	ior application information: Examiner:	Group Art Unit:				
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.						
18. CORRESPONDENCE ADDRESS						
Customer Number						
22850						
(703) 413-3000						
FACSIMILÉ: (703) 413-2220						
		D. C.				
	Name: Marvin J. Spivak	Registration No.: 24,913				
Sign	Signature: O/M/Y (6Munt Date: 11/21/03					
	Name: Bunistration Number 2	124 Registration No.:				



Decket No.

245872US2SRD

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Hiroshi MURAYAMA, et al.

SERIÁL NO:

**New Application** 

FILING DATE: Herewith

FOR:

HIERARCHICAL DATABASE APPARATUS AND METHOD OF DEVELOPING HIERARCHICAL

**DATABASE** 

## FEE TRANSMITTAL

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	20 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	2 - 3 =	0	x \$86 =	\$0.00
☐ MULTIPLE DEPENDEN	+ \$290 =	\$0.00		
LATE FILING OF DECL		+ \$130 =	\$130.00	
	BASIC FEE	\$770.00		
	\$900.00			
☐ REDUCTION BY 50% F	\$0.00			
☐ FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
☐ RECORDATION OF AS	+ \$40 =	\$0.00		
			TOTAL	\$900.00

	Please charge Deposit Account No. 15-0030 in the amount of	A duplicate copy of this sheet is enclosed.			
۵	A check in the amount of to cover the filing fee is enclose	ed.			
	Credit card payment form is attached to cover the filing fee in the	e amount of \$900.00			
The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Depos Account No. 15-0030. A duplicate copy of this sheet is enclosed.					
	Re	espectfully Submitted,			
		BLON, SPIVAK, McCLELLAND, AIER & NEUSTADT, P.C.			
Date		Chm Wallen			
		arvin J. Spivak			
	Re	egistration No. 24,913			

Customer Number

22850

Tel. (703) 413-3000 Fax. (703) 413-2220 (OSMMN 05/03)

C. Irvin McClelland Registration Number 21,124